

REQUEST FOR PROPOSAL

FOR

Personal Care and Home Support Services

Contract Period: July 1, 2014 through June 30, 2015

Issued by

York County Area Agency on Aging

100 West Market Street

York, PA 17401

Telephone: (717) 771-9610

Facsimile: (717) 771-9044

E-mail: dlbenaknin@yorkcountypa.gov

Dianna Benaknin, Director

SECTION 1

General Information for the Applicant

1-1. Background

The Pennsylvania Department of Aging was created in 1979 to advocate for Pennsylvania's rapidly aging population. It is the entity responsible for implementing the provisions of the Federal Older Americans Act in the Commonwealth through a statewide network of fifty-two (52) Area Agencies on Aging. The Department utilizes Federal and State general revenue funds, but most of its resources come from the Pennsylvania State Lottery Fund.

Locally, the York County Area Agency on Aging is designated by the Pennsylvania Department of Aging to plan and coordinate comprehensive services for older residents of York County. A wide variety of home and community based services are offered to persons sixty (60) years of age or older and their spouses and, in certain circumstances, persons eighteen years of age and older. The mission of the Agency is to promote the independence of older adults through education, advocacy and coordination of community-based services. Our primary commitment is to deliver quality services to older adults with the greatest social or economic needs; as resources allow, we may serve others with similar characteristics.

1-2. Purpose

The primary purpose of this Request for Proposal (RFP) is to identify licensed home care agencies that are able to demonstrate administrative capacity to adhere to the minimum operating standards as enumerated in this RFP in York County. The issuance of this document is to provide interested application with the necessary information regarding submitting a proposal. This procurement action should not be construed as an invitation to bid.

1-3. Statement of the Problem

The York County Area Agency on Aging (YCAAA) as a grantee of the Pennsylvania Department of Aging (PDA) and recipient of Aging Block Grant funds has a responsibility to ensure the adequate supply of qualified vendor services to promote consumer choice and meet the needs of older adults in YCAAA's designated planning and service area. In Fiscal Year 2013/2014, YCAAA received an increase in its base allocation of Aging Block Grant funds. Therefore, in accordance with PDA's Program Directives, YCAAA has employed a competitive procurement process to ensure economic and quality delivery of service. YCAAA has been faced with a growing consumer base in need of personal care and home support services provided in the home. The growing demand for services has warranted the need for additional service providers to provide sufficient coverage in accordance with consumers' individualized service plans.

Consumers requiring personal care and/or home support services typically have limited informal supports able to provide assistance and little to no financial means to pay privately for services. Consumers unable to perform some or all of their activities of daily living may require personal care and home support assistance in order to remain in a less costly community setting. At a minimum, these services help consumers maintain their independence in the setting of their choice.

1-4. Issuing Office

The York County Area Agency on Aging has issued this RFP. The sole point of contact for this RFP shall be the contact person:

Dianna Benaknin, MSW
Director
York County Area Agency on Aging
100 West Market Street
York, PA 17401
Telephone: (717) 771-9610
Facsimile: (717) 771-9044
E-mail Address: dlbenaknin@yorkcountypa.gov

Please refer all questions and inquiries to the contact person.

1-5. Restriction of Contact

From the issue date of the RFP until the York County Area Agency on Aging selects a proposal for award, the contact person is the sole point of contact concerning this RFP. Any violation of this condition may be cause for the Issuing Office to reject the offending applicant's proposal. If the York County Area Agency on Aging later discovers that the applicant has engaged in any violations of this condition, the York County Area Agency on Aging may reject the offending applicant's proposal or rescind its contract award. Applicants must agree not to distribute any part of their proposals beyond the York County Area Agency on Aging.

1-6. Type of Contract

The AAA intends to enter into an allowable cost reimbursement contract. The York County Area Agency on Aging, at its sole discretion, may undertake negotiations with applicants regarding the cost of service.

1-7. Prior Costs

The York County Area Agency on Aging is not liable for any costs incurred by the applicant prior to the execution of a contract. No York County Area Agency on Aging funds may be used to pay for, or otherwise offset the costs of, the use of a grant writer.

1-8. Qualified Applicant

The York County Area Agency on Aging will only evaluate and rank proposals received from qualified applicants. A qualified applicant is an organization that has met the minimum operating standards and submitted, in full, the information required in the Appendix. Qualified applicants must employ all direct service staff; therefore, under this definition, home care registries will not be considered as qualified applicants.

1-9. Selection or Rejection of Proposals

The selection committee shall consist of York County Area Agency on Aging senior management, contract management and management staff from other York County Human Services agencies.

The York County Area Agency on Aging reserves the right to cancel or withdraw this RFP at its discretion and to waive any minor or technical deviations as it deems necessary. The York County Area Agency on Aging further reserves the right to reject any or all proposals, or to award in whole or part that which is deemed to be in the best interest of the York County Area Agency on Aging and its consumers.

Applicants will be held to the price terms submitted in their proposals as maximums for a period not to exceed one hundred eighty (180) days, and may be required to alter their price depending on the determination of the York County Area Agency on Aging that aspects of the proposed program should be changed. Failure to meet obligations may result in cancellation of any contract.

Proposals submitted by any successful applicant will become part of the contract resulting from this RFP, and the conditions of this RFP are applicable to all contracts. The successful applicants will be expected to sign a contract which includes additional terms and conditions. The York County Area Agency on Aging reserves the right to obtain information regarding the ability of the applicant to render the service or services proposed and such information may be considered in evaluating the applicant's proposal. It is expected that the evaluation of the applications will be completed by Wednesday, June 25, 2014. Each applicant will receive written notification of the final disposition of their proposal.

1-10. Appeal Procedure

The AAA will notify applicants whose proposals are not selected of their right to appeal in the written final disposition notice.

1-11. Pre-Proposal Meeting

A pre-proposal meeting for prospective applicants will be held at 1:00 p.m., EST, on Tuesday, June 10, 2014, in the first floor conference room, at 100 West Market Street, York, PA 17401. Applicants who intend to submit a proposal in response to the RFP are invited and encouraged to attend. Questions and/or inquiries concerning this RFP must be submitted in writing and received by the issuing office not later than 4:30 p.m., EST, on Friday, June 6, 2014. Responses to questions/inquiries will be provided at the meeting. No answers will be given over the telephone.

Minutes documenting the questions and answers will be distributed to all recipients of the RFP. No questions pertaining to the RFP will be answered after the pre-proposal meeting.

1-12. Response Date

To be considered, sealed proposals must arrive and be delivered to the York County Area Agency on Aging, 100 West Market Street, York, PA, 17401, at or before 4:00 p.m. on Friday, June 20, 2014. Any proposal arriving later than 4:00 p.m., EST, on Friday, June 20, 2014, will be rejected. No responsibility will be taken by the York County Area Agency on Aging for failure of a delivery service to deliver proposals on time, regardless of the reason. Late proposals will not be accepted under any circumstances and will be returned, unopened, to the applicant. Proposal submissions may not be sent by e-mail or fax.

1-13. Letter of Intent to Submit a Proposal

Any organization that intends to submit a proposal in response to this RFP is **required** to submit the **Letter of Intent to Submit a Proposal (Exhibit 1)** to Dianna Benaknin by 4:30 p.m., EST, on Tuesday, June 3, 2014. The Letter to Submit a Proposal form may be faxed to (717) 771-9044. It is the applicant's responsibility to verify complete facsimile transmittal.

1-14. Contract Period

Subject to any other provision contained herein, the work described in the RFP shall continue for a period of one year commencing on July 1, 2014 and ending on June 30, 2014.

1-15. Renewal

An executed contract pursuant to this RFP may be renewed for an additional period of up to four years at the conclusion of the original contract period as described above should the parties hereto, by mutual agreement, so desire. In the event the parties shall renew the contract as abovementioned, then in that event the terms and conditions stated therein shall remain in full force and effect, except as noted, and both parties shall be bound thereby for the renewal term. Renewal shall not be automatic, but shall be predicated upon mutual agreement and the execution of a separate document evidencing said agreement.

1-16. Non-Discrimination in Services

The applicant's services and programs shall be available to all eligible persons regardless of race, sex, income, national origin, religion, disability, or any other condition. The applicant will not provide any service or other benefit to a consumer which is different, or provided in a different manner, from that provided to others eligible for the same service.

1-17. False Information

Any applicant providing false information, which has been verified as false by the York County Area Agency on Aging, will be immediately disqualified from consideration.

1-18. Amendments to RFP

If it becomes necessary to revise any part of the RFP, amendments will be issued to all recipients.

1-19. Applicant's Representations and Authorization

By submitting its proposal, each applicant understands, represents, and acknowledges that:

- A. All of the applicant's information and representations in the proposal are true, correct and complete, and the York County Area Agency on Aging will rely upon the contents of the proposal in awarding the contract(s).
- B. The applicant has not attempted, nor will it attempt, to induce any firm or person to refrain from submitting a proposal on this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.

1-19. Applicant's Representations and Authorization (continued)

- C. The applicant makes its proposal in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.

1-20. Other General Provisions

- A. The successful applicant agrees to cooperate fully and in good faith with the York County Area Agency on Aging to accomplish the objectives of this RFP. Additionally, the successful applicant agrees to provide services in accordance with all York County Area Agency on Aging, State and Federal policies.
- B. The successful applicant shall not use funds awarded to conduct meetings, conferences, training sessions, or other gatherings at any facility which excludes or restricts membership or individuals on account of race, sex, age, income, national origin, religion or disability.
- C. The successful applicant will be monitored and evaluated fiscally and programmatically by the York County Area Agency on Aging. On-site visits for this purpose will be conducted periodically and full cooperation will be extended to the York County Area Agency on Aging.

- D. The successful applicant shall comply with:

The Commonwealth of Pennsylvania's Non-Discrimination Policy

- AAA Contractor Integrity Provisions
- Pennsylvania Law 1984-159, the "Worker and Community Right to Know Law:
- The Americans with Disabilities Act
- The Contract Compliance Regulations of the Pennsylvania Human Relations Commission (16 PA Code Chapter 49), Title VI of the Civil Rights Act of 1964, as amended, and the Pennsylvania Human Relations Act, as amended (43 P.S. Section 951 et seq.)

- E. The successful applicant will be required to provide all services described in their proposal, or those services negotiated separately, whether or not it provides them directly. If the applicant intends to subcontract any portion of the work to be accomplished, the applicant must identify the subcontractor and provide a complete description of the subcontract and proposed contractual agreements, as part of the proposal. The applicant is prohibited from subletting, conveying, assigning, or otherwise disposing of any contract resulting from this RFP, its rights, title or interest thereof, or its power to execute such agreement to any other company, individual, corporation, or entity without the prior written consent of the York County Area Agency on Aging. Failure to adhere to this procedure will result in non payment of any expenses incurred as a result.
- F. Provider certifies that any statement made herein is known to be punishable under law and hereby states and verifies, under all penalties of law provided for official statements, (18 PA CSA §4904) that exclusion screening, as defined and required by Federal law in Part 1 chapter 204 of the York County Code, has been complied with and that the contractor and no employee is an excluded person under Federal law. Contractors shall, in addition, to this certification, also provide a monthly certification during the term of this contract certifying that exclusion screening has been done and the contractor, and no employee of the contractor, has been identified as an excluded person under Federal or State law.

- G. Provider certifies, for itself and all its subcontractors, that as of the date of its execution of the Agreement, that neither the Provider nor any subcontractors are under suspension or debarment of the County or any governmental entity, instrumentality or authority and, if the Provider cannot so certify, then it agrees to submit a written explanation of why such certification cannot be made. The Provider's obligations pursuant to these provisions are ongoing from and after the effective date of the Agreement through the termination date thereof. Accordingly, the Provider shall have an obligation to inform the County if, at any time during the term of the Agreement, it or any of its subcontractors are suspended or debarred by the County, the State or Federal governments, or any other State or governmental entity. Such notification shall be made within fifteen (15) days of the date of suspension or debarment. The failure of the Provider to notify the County of its suspension or debarment by the County, the State, any other State or the Federal government shall constitute an event of default of the Contract with the County.

SECTION 2

Minimum Operating Standards

Specific Service Requirements Personal Care

I. Definition:

Personal care service is the provision of assistance to a person in his/her own home with personal hygiene, functional activities of daily living, nutritional support, and environmental maintenance.

II. Unit of Service:

A minimum reimbursable unit of service is one (1) hour and a portion thereof in one-half (1/2) hour increments, authorized by YCAAA, spent in direct service to the consumer in the home or spent in providing direct service on behalf of the consumer. Non-eligible time is that time spent in record keeping, staff meetings, case conferences, and worker transportation to and from the consumer's home.

III. Applicable Federal Goals:

- A. Self-sufficiency
- B. Self-support
- C. Prevention of abuse
- D. Prevention of inappropriate institutionalization

IV. Specific Consumer Eligibility Criteria:

- A. The York County Area Agency on Aging will determine Consumer eligibility based on knowledge of individual circumstances in accordance with YCAAA and State policy.
- B. No preexisting verbal or written agreement with a person or agency that already provides personal care with or without housekeeping assistance.
- C. Appropriate services, for which the consumer is eligible, available through all other third party payers must be utilized prior to YCAAA services. YCAAA, at its sole discretion, may authorize additional services in order to meet specific consumer needs.

V. Administrative Requirements:

Home Care Agencies must be currently licensed with the Pennsylvania Department of Health in compliance with *28 Pa. Code, Chapter 611, Home Care Agencies and Home Care Registries*.

A. Provision of Service:

- 1. Service must be provided within seven (7) working days from acceptance of referral.
- 2. Provision of service on a holiday will be limited and will be specifically authorized by YCAAA for those consumers who may be "at risk" without that service. Holidays include Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Easter, and Memorial Day.
- 3. Once an agency agrees to provide service they are responsible for the provision of authorized service until such time as the service is terminated or another agency agrees to provide the service.
- 4. Provider will encourage, address, and respond to complaints so as to:
 - a. Comply with the Complaint and Fair Hearing requirements.
 - b. Implement and maintain a system for documenting and reporting participant complaints.

B. Reports and Documentation:

1. Provider will report monthly the number of units of service provided to each consumer. Specific instructions are outlined in the Home Care Reference Set
2. Provider will not revise or alter authorized service without verbal, followed by written authorization, by YCAAA care manager or supervisor.
3. Consumer files must contain:
 - a. YCAAA authorization for service that indicates specific tasks to be performed.
 - b. Consumer registration form.
 - c. Provider's consumer plan of care.
 - d. Record of communication between provider, consumer, consumer's family, and/or YCAAA care manager.
4. Agency or consumer files must contain:
 - a. Record of date(s) and time(s) service was rendered. Reason(s) for provider's inability to provide scheduled service must be documented.
 - b. Record of activities and duties performed when service was rendered.
 - c. Consumer signature indicating satisfactory completion of each service visit. Provider's inability to obtain consumer signature must be documented. Telephone signature verification system may also be used.
 - d. Documentation of supervisory visits.
 - e. Documentation and record of consumer complaints and their resolutions.
5. Personnel files must contain:
 - a. Training records including the following:
 - (i) Record of any completed trainings, including length of training.
 - (ii) Copies of any certifications or licensures held by employee.
 - (iii) Documentation of competency and skills proficiency.
 - b. Original employment application.
 - c. Employee's acknowledgement of receipt or review of job description.
 - d. Documentation of initial PPD test and annual screenings.
 - e. Copy of criminal background check.
 - f. Copy of Child Clearance check, if applicable.
 - g. Documentation of personal interview and completion of follow-up for employment references.

C. Staffing:

1. Direct Service Workers:

- a. The following persons can provide personal care services:
 - (i) Workers who have, at a minimum, satisfied the training requirements outlined under Section V., D., of these Specific Service Requirements
 - (ii) Home Health Aide
 - (iii) LPN
- b. A personal interview and follow-up of personal and employment references must be completed.
- c. All direct service workers must complete an initial PPD test and complete annual PPD screenings.
- d. Child abuse clearance checks are done prior to the initiation of services with a participant when a person under the age of eighteen (18) resides in the participant's home. If a child abuse clearance is not necessary, it should be documented that no one under the age of eighteen (18) resides in the home.

2. Supervisors:

A registered nurse (RN), licensed by the Commonwealth of Pennsylvania, must be involved in the supervision of the worker or at a minimum serve in a non-supervisory or consultative role, which assures regular contact with supervisory, worker, and consumer records, and sufficient authority to intervene as needed.

3. Provider will assure that all staff used in this program are bonded or adequately insured to cover theft or loss.

D. Training and Supervision:

1. All direct service staff must meet the requirements of Pennsylvania Act 169.
2. Each person providing Personal Care service shall be trained for all services to be performed. A registered nurse (RN) must be involved in the development of training modules as evidenced by RN signature. Basic training of forty (40) hours must be completed within the first three (3) months of employment. Evidence of proficiency in skills and completion of training must be documented in personal care worker's personnel file:
 - a. Such training shall be given in an organized course and include content related to:
 - (i) Orientation to the service;
 - (ii) Interpersonal skills and understanding family relationships;
 - (iii) Working with older persons;
 - (iv) Personal care and rehabilitative care skills;
 - (v) Care of the home and personal belongings;
 - (vi) Safety and accident prevention;
 - (vii) Home, time, and money management;
 - (viii) Nutrition and meal planning
3. The requirement for completion of the forty (40) hour training requirement may be waived if one of the following occurs:
 - a. The personal care worker provides documentation of previous training that includes demonstration of competency in all skill areas.
 - b. The personal care worker demonstrates competency in all skill areas and supervisory staff or provider agency has documented observation of worker's skill proficiency.
4. A supervisory visit for new personal care workers must be made initially on assignment of the worker. The purpose of this visit is to evaluate the worker's performance and determine the need for any remediation of skills. This visit is separate from the initial supervisory visit made to start up services for a new consumer.
5. Initial supervisory visits are to be made for new consumers to complete any paperwork necessary to start-up services and to develop the initial care plan.
6. Subsequent supervisory visits must be made every ninety (90) days from the start of services. The purpose of these visits is to monitor the service being delivered and to review the consumer's care plan. All changes made to consumer's care plan must be shared with consumer's assigned personal care worker.
7. At least yearly all provider supervisory staff must receive in-service training, which includes but is not limited to, the Older Adult Protective Services Act and the Ombudsman Program provided by YCAAA.

E. Assignments and Plans of Care:

1. YCAAA care managers determine specific tasks to be performed and the frequency that service is to be delivered.
2. The day(s) and time (s) of service will be as agreed upon by the care manager, consumer, and the provider with consideration given to consumer choice.
3. No consumer's day or time of service may be changed without prior consultation and agreement of consumer and care manager except in an emergency.
4. If service fails unavoidably due to an emergency, consumer must be contacted prior to the expected time of visit or as quickly thereafter as possible. The missed visit must be rescheduled after first consulting the consumer.
5. Provider will schedule and serve all consumers authorized for service without regard to race, religion, national origin, age, functional limitations, physical condition

or medical diagnosis. As such, worker assignments should not be changed unless one of the following conditions prevail:

- a. An emergency prevents usual worker from continuing service.
 - b. Resignation of worker.
 - c. Both YCAAA and Provider agree that the change would benefit the consumer.
6. Provider will develop a plan of care for each consumer based on YCAAA authorized services that will be updated, at least annually. Provider will consult with the care manager, as appropriate.
 7. Each worker shall be instructed in the performance of the required tasks by the supervisor. The worker will reference the plan of care in order to provide the service as directed and be made aware of any changes made to the care plan.
- F. Reference Set:
1. The Reference Set is a manual, which outlines the operational procedures to implement the Specific Service Requirements. The provider is bound by all information contained within the Reference Set.
 2. Revisions and additions can be made to the Reference Set throughout the fiscal year at the discretion of YCAAA.

VI. Service Requirements:

- A. The service provider must report any change in a consumer's condition to the YCAAA care manager. Care manager notification must be documented in the consumer's file.
1. In the event of an emergency situation in the consumer's home or if the consumer does not respond when worker arrives, the provider must first attempt to contact the consumer's emergency contact. If unable to speak with the emergency contact person, the provider must contact the YCAAA Reception Desk and state the purpose of the call and ask to speak to a care manager. The receptionist should remain on the line until the care manager answers the call. If the care manager is unavailable, the receptionist will take all necessary information and report the emergency to a responsible member of the care management staff. In any circumstance, DO NOT leave a voice mail message. Be sure to speak to a LIVE person at YCAAA.
 2. These contacts are to be made immediately, but in no case no more than one (1) hour of discovering the emergency. Events and worker's actions should be documented in consumer's file.
- B. Personal care is the provision in a consumer's home of "hands-on" care related to a personal hygiene or functional activity of daily living that an individual cannot meet independently. Personal care may only be provided in accordance with the care plan developed. The tasks requested by YCAAA will vary from case to case. The following list of activities should be considered in provision of this service:
1. Assist with bathing of consumer in bed, tub or shower.
 2. Assist with care of teeth and mouth, including care of dentures.
 3. Assist with grooming including care of hair, shaving, and cleaning and filing of nails for non-diabetic consumers.
 4. Assist with toileting including assistance with transferring on and off commode or toilet and emptying of commodes or catheter bags.
 5. Assist with transferring and ambulation including steadying support and supervision.
 6. Assist with feeding which may include mashing of food for easier management and/or assistance in preparation and serving of a meal.
 7. Assist with dressing as well as application of previously self-applied prosthesis, braces, etc.
 8. Assist with self-administered medication. Assistance is limited to reminding the consumer to take medications, placing medication within consumer's reach, obtaining the necessary equipment, pouring water for oral medication, opening bottle caps,

- checking dosage, storing the medication, and reassuring the consumer that he/she has obtained and taken the correct dosage.
- 9. Perform routine skin care, such as applying lotion to unbroken, uninfected, undiseased skin surfaces.
- 10. Assist with change of position or turning.
- 11. Provide instruction to informal caregivers in the delivery of the above-listed activities.
- 12. Provide respite care (caretaker relief) within the consumer's home, which includes personal care services.
- 13. Report any changes in consumer's conditions and needs as observed when providing personal care services.
- C. Personal care service may also include the provision of supplemental housekeeping service so long as the primary service rendered is personal care. These activities may include:
 - 1. Basic care and management of the home as necessary to ensure safe and sanitary conditions.
 - 2. Instruction in home management.
 - 3. Shopping assistance, with or without consumer, as allowed by provider policy.
 - 4. Personal laundry.
 - 5. Preparing and serving meals.
 - 6. Washing dishes and cleaning kitchen after meal preparation.
 - 7. Making bed and changing linens for the consumer.
 - 8. Accompanying consumer to physician's office or clinic.
- D. Workers are expressly forbidden to:
 - 1. Handle or move any belongings of consumer, except as necessary to perform assigned tasks.
 - 2. Hold conversations with consumer concerning personal business or relationships.
 - 3. Ask consumer personal questions, except as necessary to develop a plan of care.
 - 4. Eat or drink in consumer's home, except with permission of supervisor and the consumer.
 - 5. Make personal telephone calls while at consumer's home. It is acceptable to use consumer's telephone to call supervisor for assistance or advice in the event of a crisis or immediate problem.
 - 6. Smoke, drink alcohol or use drugs while on duty.
 - 7. Contact consumer outside of service delivery.
 - 8. Accept any money or gifts from a consumer. Handling consumer's money to pay bills, make deposits or purchase supplies is permissible only if specifically authorized in the plan of care and permissible under the provider agency's policy; receipts or other documentation must support such activities.
 - 9. Disclose any information about consumer, including name and address to others without consumer's written permission.
 - 10. Permit any person not authorized by the contract agency or YCAAA to enter a consumer's home regardless if the personal care worker has obtained consumer's consent. This includes children, family members or other personal acquaintances of the personal care worker.
 - 11. Administer medication.

VII. Conditions of Acceptable Service:

- A. Compliance with Specific Service Requirements (monitored at least annually).
- B. Consistent failures to meet specifications may result in termination of the contract. Neither forbearance nor delay on the part of the Agency in exercising its right to terminate shall be deemed a waiver of that right.

Specific Service Requirements Home Support

I. Definition:

Home support service is the provision of assistance to a person in his/her own home with general household management activities when the person is unable to manage the home and no other supports or resources are available to assist.

II. Unit of Service:

A minimum reimbursable unit of service is one (1) hour and a portion thereof in one-half (1/2) hour increments, authorized by YCAAA, spent in direct service to the consumer in the home or spent in providing direct service on behalf of the consumer. Non-eligible time is that time spent in record keeping, staff meetings, case conferences, and worker transportation to and from the consumer's home.

III. Applicable Federal Goals:

- A. Self-sufficiency
- B. Self-support
- C. Prevention of abuse
- D. Prevention of inappropriate institutionalization

IV. Specific Consumer Eligibility Criteria:

- A. The York County Area Agency on Aging will determine Consumer eligibility based on knowledge of individual circumstances in accordance with YCAAA and State policy.
- B. No preexisting verbal or written agreement with a person or agency that already provides home support.
- C. Appropriate services, for which the consumer is eligible, available through all other third party payers must be utilized prior to YCAAA services. YCAAA, at its sole discretion, may authorize additional services in order to meet specific consumer needs.

V. Administrative Requirements

Home Care Agencies must be currently licensed with the Pennsylvania Department of Health in compliance with *28 Pa. Code, Chapter 611, Home Care Agencies and Home Care Registries*.

A. Provision of Service:

- 1. Service must be provided within seven (7) working days from acceptance of referral.
- 2. Provision of service on a holiday will be limited and will be specifically authorized by YCAAA for those consumers who may be "at risk" without that service. Holidays include Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Easter, and Memorial Day.
- 3. Once an agency agrees to provide service they are responsible for the provision of authorized service until such time as the service is terminated or another agency agrees to provide the service.
- 4. Provider will encourage, address, and respond to complaints so as to:
 - a. Comply with the Complaint and Fair Hearing requirements. Implement and maintain a system for documenting and reporting participant complaints.

B. Reports and Documentation:

- 1. Provider will report monthly the number of units of service provided to each consumer. Specific instructions are outlined in the Home Care Reference Set.

2. Provider will not revise or alter authorized service without verbal, followed by written authorization, by YCAAA care manager or supervisor.
 3. Consumer files must contain:
 - a. YCAAA authorization for service that indicates specific tasks to be performed.
 - b. Consumer registration form.
 - c. Provider's consumer plan of care.
 - d. Record of communication between provider, consumer, consumer's family, and/or YCAAA care manager.
 4. Agency or consumer files must contain:
 - a. Record of date(s) and time(s) service was rendered. Reason(s) for provider's inability to provide scheduled service must be documented.
 - b. Record of activities and duties performed when service was rendered.
 - c. Consumer signature indicating satisfactory completion of each service visit. Provider's inability to obtain consumer signature must be documented. Telephone signature verification system may also be used.
 - d. Documentation of supervisory visits.
 - e. Documentation and record of consumer complaints and their resolutions.
 5. Personnel files must contain:
 - a. Training records including the following:
 - b. Record of any completed trainings, including length of training.
 - c. Copies of any certifications or licensures held by employee.
 - d. Documentation of competency and skills proficiency.
 - e. Original employment application.
 - f. Employee's acknowledgement of receipt or review of job description.
 - g. Documentation of initial PPD test and annual screenings.
 - h. Copy of criminal background check.
 - i. Copy of Child Clearance check, if applicable. Documentation of personal interview and completion of follow-up for employment references.
- C. Staffing:
1. Direct Service Workers:
 - a. The following persons can provide personal care services:
 - (i) Workers who have, at a minimum, satisfied the training requirements outlined under Section V., D., of these Specific Service Requirements.
 - (ii) Home Health Aide.
 - (iii) LPN.
 - b. A personal interview and follow-up of personal and employment references must be completed.
 - c. All direct service workers must complete an initial PPD test and complete annual PPD screenings.
 - d. Child abuse clearance checks are done prior to the initiation of services with a participant when a person under the age of eighteen (18) resides in the participant's home. If a child abuse clearance is not necessary, it should be documented that no one under the age of eighteen (18) resides in the home.
 2. Provider will assure that all staff used in this program are bonded or adequately insured to cover theft or loss.
- D. Training and Supervision:
1. All direct service staff must meet the requirements of Pennsylvania Act 169.
 2. All workers must receive a minimum of four (4) hours yearly of in-service training. Areas of in-service training must include but are not limited to:
 - a. Recognition of significant changes in consumer condition.
 - b. Techniques of handling instances of inappropriate consumer behavior.
 - c. Techniques for handling health or care crises.
 - d. Identification of dangerous health and safety conditions.

- e. Communication with and understanding of older and/or functionally impaired persons.
 - f. Orientation to YCAAA purpose and background.
- 3. A supervisory visit for new home support workers must be made initially on assignment of the worker. The purpose of this visit is to evaluate the worker's performance and determine the need for any remediation of skills. This visit is separate from the initial supervisory visit made to start up services for a new consumer.
- 4. Initial supervisory visits are to be made for new consumers to complete any paperwork necessary to start-up services and to develop the initial care plan.
- 5. Subsequent supervisory visits must be made every ninety (90) days from the start of services. The purpose of these visits is to monitor the service being delivered and to review the consumer's care plan. All changes made to consumer's care plan must be shared with consumer's assigned home support worker.
- 6. At least yearly all provider supervisory staff must receive in-service training, which includes but is not limited to, the Older Adult Protective Services Act and the Ombudsman Program provided by YCAAA.
- E. Assignments and Plans of Care:
 - 1. YCAAA care managers determine specific tasks to be performed and the frequency that service is to be delivered.
 - 2. The day(s) and time (s) of service will be as agreed upon by the care manager, consumer, and the provider with consideration given to consumer choice.
 - 3. No consumer's day or time of service may be changed without prior consultation and agreement of consumer and care manager except in an emergency.
 - 4. If service fails unavoidably due to an emergency, consumer must be contacted prior to the expected time of visit of as quickly thereafter as possible. The missed visit must be rescheduled after first consulting the consumer.
 - 5. Provider will schedule and serve all consumers authorized for service without regard to race, religion, national origin, age, functional limitations, physical condition or medical diagnosis. As such, worker assignments should not be changed unless one of the following conditions prevail:
 - a. An emergency prevents usual worker from continuing service.
 - b. Resignation of worker.
 - c. Both YCAAA and Provider agree that the change would benefit the consumer.
 - 6. Provider will develop a plan of care for each consumer based on YCAAA authorized services that will be updated, at least annually. Provider will consult with the care manager, as appropriate.
 - 7. Each worker shall be instructed in the performance of the required tasks by the supervisor. The worker will reference the plan of care in order to provide the service as directed and be made aware of any changes made to the care plan.
- F. Reference Set:
 - 1. The Reference Set is a manual, which outlines the operational procedures to implement the Specific Service Requirements. The provider is bound by all information contained within the Reference Set.
 - 2. Revisions and additions can be made to the Reference Set throughout the fiscal year at the discretion of YCAAA.

VI. SERVICE REQUIREMENTS:

- A. The service provider must report any change in a consumer's condition to the YCAAA care manager. Care manager notification must be documented in the consumer's file.
 - 1. In the event of an emergency situation in the consumer's home or if the consumer does not respond when worker arrives, the provider must first attempt to contact the consumer's emergency contact. If unable to speak with the emergency contact

person, the provider must contact the YCAAA Reception Desk and state the purpose of the call and ask to speak to a care manager. The receptionist should remain on the line until the care manager answers the call. If the care manager is unavailable, the receptionist will take all necessary information and report the emergency to a responsible member of the care management staff. In any circumstance, DO NOT leave a voice mail message. Be sure to speak to a LIVE person at YCAAA.

2. These contacts are to be made immediately, but in no case no more than one (1) hour of discovering the emergency. Events and worker's actions should be documented in consumer's file.
- B. Home Support includes instruction on managing the household as well as hands-on assistance. Home Support may only be provided in accordance with the care plan developed. The tasks requested by YCAAA will vary from case to case. The following list of activities should be considered in provision of this service:
1. Shopping assistance with or without the consumer;
 2. Personal laundry and mending of clothing;
 3. Non-overnight home companion services to provide respite to a primary caregiver from the provision of the above activities. In some cases, non-overnight home companion services could be used to combat disorientation and/or depression, which could result from prolonged aloneness.
- C. The provision of supplemental housekeeping service may be included so long as the primary service rendered is among those listed in Section VI., G., of these Specific Service Requirements. These activities may include:
1. Basic care and management of the home as necessary to ensure safe and sanitary conditions.
 2. Instruction in home management.
 3. Preparing and serving meals.
 4. Washing dishes and cleaning kitchen after meal preparation.
 5. Making bed and changing linens for the consumer.
 6. Accompanying consumer to physician's office or clinic.
- D. Workers are expressly forbidden to:
1. Handle or move any belongings of consumer, except as necessary to perform assigned tasks.
 2. Hold conversations with consumer concerning personal business or relationships.
 3. Ask consumer personal questions, except as necessary to develop a plan of care.
 4. Eat or drink in consumer's home, except with permission of supervisor and the consumer.
 5. Make personal telephone calls while at consumer's home. It is acceptable to use consumer's telephone to call supervisor for assistance or advice in the event of a crisis or immediate problem.
 6. Smoke, drink alcohol or use drugs while on duty.
 7. Contact consumer outside of service delivery.
 8. Accept any money or gifts from a consumer. Handling consumer's money to pay bills, make deposits or purchase supplies is permissible only if specifically authorized in the plan of care and permissible under the provider agency's policy; receipts or other documentation must support such activities.
 9. Disclose any information about consumer, including name and address to others without consumer's written permission.
 10. Permit any person not authorized by the contract agency or YCAAA to enter a consumer's home regardless if the personal care worker has obtained consumer's consent. This includes children, family members or other personal acquaintances of the personal care worker.
 11. Administer medication.

VII. Conditions of Acceptable Service:

- A. Compliance with Specific Service Requirements (monitored at least annually).
- B. Consistent failures to meet specifications may result in termination of the contract. Neither forbearance nor delay on the part of the Agency in exercising its right to terminate shall be deemed a waiver of that right.

SECTION 3

Format and Information Required from the Applicant

3-1. Format

Each of the following requirements must be addressed. Failure to meet any of these requirements will result in automatic disqualification.

- A. Proposals must be typed, double-spaced, on 8 ½" x 11" paper with pages consecutively numbered, and must contain a numbered table of contents.
- B. Proposals must be placed in an opaque, sealed envelope which contains the name and address of the applicant on the front and must be labeled Application to Provide Personal Care and Home Support Services.
- C. Proposals must be signed by the official authorized to bind the applicant.
- D. **Five (5)** copies of each proposal must arrive at the York County Area Agency on Aging, 100 West Market Street, York, PA, 17401, at or before 4:00 p.m. on Friday, June 20, 2014. Material submitted after this deadline will not be considered.
- E. Fax copies and email copies are not acceptable.

3-2 Information Required from the Applicant

- A. **Letter of Intent to Submit a Proposal** – Exhibit 1 – Due Tuesday, June 3, 2014
- B. **Application to Personal Care and Home Support Services** – Exhibit 2
- C. **Applicant's Questionnaire** – Exhibit 3
- D. **Applicant's Assurance** – Exhibit 4
- F. **Work Plan** (Narrative Section) – Exhibit 5 – This narrative section must include:
 - 1. **Applicant Organization and Experience**
 - a. Describe the organization, its mission, purpose and governing structure. Indicate when and why the agency organized and the current focus.
 - b. Describe the agency's experience providing aging services, professional associations and affiliations, and experience working with human services or government entities in the provision of services.
 - c. If your agency provides service to private pay consumers, indicate the customary hourly charge to such consumers. If this rate is lower than the rate proposed in response to this RFP, please provide explanation as to why.

Format and Information Required from the Applicant (continued)

- d. As part of this section, please include a Certificate of Insurance showing adequate insurance for personnel in the appropriate areas: Personal Injury, Professional Liability, Non-owned Automobile Liability, Malpractice Liability, Fidelity Bond and Workmen's Compensation.

2. Applicant Personnel Qualifications

Provide the name and position of the person who will have ultimate responsibility and accountability for this program. Also indicate lines of authority among existing and proposed staff positions related to this service. Attach applicable job descriptions for relevant personnel and curriculum vitae for agency director.

3. Understanding the Problem

- a. How will the applicant meet current needs of consumers and ensure the continued delivery of reliable and high quality service?
- b. Explain how the applicant will assist the York County Area Agency on Aging in the pursuit of its mission and objectives?

4. Methodology

- a. Describe agency's personnel policies and procedures specific to recruitment, employment, training, and supervisory oversight to ensure competent and quality delivery of service provided by agency personnel.
- b. Explain capacity to deliver service in the defined geographic area of York County and scheduling methodology used to ensure coverage. Please explain any anticipated gaps or limitations in service coverage.
- c. Describe policies and procedures to ensure the safe and reliable delivery service including scheduling mechanisms, contingencies for unanticipated cancellations, and employee conduct when in a consumer's home.
- d. Describe agency policies and procedures in order to comply with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

G. Appendix

In order to be considered a qualified applicant, organizations or agencies seeking to contract with the York County Area Agency on Aging must submit all of the materials listed in the Appendix. These documents must be compiled in a section labeled Appendix and submitted with the proposal.

H. Contractor Checklist

This checklist has been created for applicants to ensure they are submitting all required information.

SECTION 4

Criteria For Selection of Proposal

All criteria must be addressed and will be evaluated. The successful bidder will be the applicant with the highest number of points out of a possible one hundred (100) points in each proposed region.

4-1. Cost (50 points)

Utilizing the total York County Area Agency on Aging funds requested, the lowest responsible price submitted by all qualified applicants will receive 50 points. Each subsequent higher proposed cost will be assigned a numerical point value using the following formula:

$$50 \text{ points} \quad X \quad \frac{\text{lowest cost}}{\text{second lowest cost}}$$

$$50 \text{ points} \quad X \quad \frac{\text{lowest cost}}{\text{third lowest cost}}$$

The determination of “responsible” shall be at the sole discretion of the AAA.

4-2. Agency Experience (10 points)

- A. **Personal Care and Home Support Services (5 points)** – The applicant must demonstrate adequate experience as an agency in the provision of personal care and home support services. References within the narrative must provide evidence of this experience.

Point Determination:

5+ years of experience, demonstration of strong connections with relevant professional association, and history of contracting with government or human services entities	5 points
3-4 years of experience, adequate demonstration of professional connections, and history of at least one government or human services contract.	4 points
1-2 years of experience, limited professional associations, no history of contracts.	3 points
Less than one (1) year of experience, no professional association, and no history of contracts.	1 point
No experience evident/ not addressed	0 points

Criteria For Selection of Proposal (continued)

B. Specific to Aging (5 points)

The applicant must indicate the number of years of experience providing services to the aging population. References within the narrative must provide evidence of this experience.

Point Determination:

5+ years of service provision for the aging population	5 points
3 – 4 years of service provision for the aging population	4 points
1 – 2 years of service provision for the aging population	3 points
Less than one (1) year of service provision for the aging population	1 point
No experience evident / Not addressed	0 points

4-3. Personnel Qualifications (10 points)

This refers to the quantity and capability of staff assigned to successfully implement the proposed services.

Point Determination:

All administrative, supervisory, support and direct service staff are identified and the complement clearly is of the size and has the experience necessary to accomplish their stated goals	10 points
Some administrative, supervisory, support and direct service staff are identified and appear capable of accomplishing their goals	5 points
Staffing pattern is inadequate	0 points

4-4. Understanding the Problem (5 points)

This refers to the applicant's understanding of the need that generated the RFP, the AAA's objectives in asking for the services, and the nature and scope of the work involved.

Point Determination:

Clearly shows evidence of understanding the need for personal care and home support services	5 points
Shows some evidence of understanding the need for personal care and home support services	2 points
Shows no evidence of understanding the need for personal care and home support services	0 points

Criteria For Selection of Proposal (continued)

4-5. Soundness of Methodology (25 points)

Refers to the appropriateness and clarity of the applicant's work plan to be used in fulfilling the goals of the proposal.

Point Determination:

Clearly defined work plan designed to assist consumers needing the services proposed including cultural and community differences.	25 points
A work plan designed to generally assist consumers needing the services proposed. Procedures are reasonably clear and sufficiently practical.	15 points
A work plan designed to provide minimal assistance to consumers needing the services proposed and has little practical validity.	5 points
No evidence of a valid plan / Not addressed	0 points

ATTACHMENT 1

Proposal Time Frames

<u>Activity</u>	<u>Date</u>	<u>Time</u>
1. Place Request for Proposal (RFP) in local newspapers and internet. Release copies to prospective applicants	May 22, 2014	4:30 p.m. EST
2. Interested Applicants must submit a Letter of Intent to Submit a Proposal	June 3, 2014	4:30 p.m. EST
3. Interested Applicants must submit any questions, in writing, concerning the RFP to the York County Area Agency on Aging	June 6, 2014	4:30 p.m. EST
4. Pre-Proposal Conference to be held	June 10, 2014	1:00 p.m. EST
5. Minutes and written response to all questions received from the pre-proposal conference meeting will be e-mailed to all applicants.	June 11, 2014	4:30 p.m. EST
6. Proposals must be received by York County Controller's Office	June 20, 2014	4:00 p.m. EST
7. Anticipated date for notification of awards	June 25, 2014	4:30 p.m. EST
8. Anticipated contract date	July 1, 2014	

EXHIBIT 1**Personal Care and Home Support Services****Letter of Intent to Submit a Proposal**

This form is due by 4:00 p.m. EST, June 20, 2014.

Send to: Dianna Benaknin, MSW
Director
York County Area Agency on Aging
100 W. Market St.
York, PA 17401

The form may be mailed to the above address or faxed to (717) 771-9044.

**I intend to submit a proposal to provide Personal Care and Home Support Services
for the contract period beginning July 1, 2014 ending June 30, 2015.**

Applicant's Name: _____

Address: _____

Telephone: _____

Signature of a person authorized to sign contract:

Print Name _____

Title _____

EXHIBIT 2

APPLICATION

**Application to Provide
Personal Care and Home Support Services
for the
York County Area Agency on Aging**

Applicant Name: _____

Address: _____

Telephone: _____

Contact Person: _____

**Authorized
Signature:** _____

APPLICANT'S QUESTIONNAIRE

All applicants must complete the following questionnaire. All questions must be answered and the data given must be clear and comprehensive. If necessary, additional sheets may be used to complete the answers.

1. Name and address of Applicant: _____

Telephone Number: _____

2. Type of Business (check each one that applies)

<input type="checkbox"/> Public Non-Profit	<input type="checkbox"/> Public for profit
<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual Proprietor
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other

3. Number of years applicant has provided Personal Care and Home Support Services

4. Has applicant ever been awarded similar contracts by any government body or entity?

☐ Yes ☐ No. Number of such contracts in the last three years: _____

5. Is applicant presently under contract with any other social services of health care related agencies or establishments? ☐ Yes ☐ No. If yes, please identify:

6. Has applicant ever defaulted on a contract or failed to complete any work awarded to applicant? ☐ Yes ☐ No. If yes, please explain:

7. Has applicant ever been declared ineligible or barred from submitting bids for any government contracts? ____ Yes ____ No.

If yes, please explain:

8. Has the applicant or any of its Principles, Officers, or present or former employees ever been found by any court or administrative agency to have discriminated against any person because of race, color, national origin, religious creed, age, sex, or disability? ____ Yes ____ No.

If yes, please explain:

9. Does the applicant have any outstanding unsatisfied judgments or tax liens filed or any lawsuits pending? ____ Yes ____ No.

If yes, please explain:

PERSONAL CARE AND HOME SUPPORT SERVICES
PROGRAM ASSURANCES

I, the undersigned, certify that:

1. I am familiar with the Request for Proposal and its contents and will commit the resources at my disposal to assure the successful completion of all services and programs described in the proposal.
2. I have reviewed the minimum operating standards governing the provision of personal care and home support services, and do hereby assure the agency's compliance with all requirements.
3. The information documents and computations are true, correct, and complete to the best of my knowledge to assure a responsible proposal.

Responsible Authority

Date

Typed Name

Telephone Number

EXHIBIT 5**APPLICANTS WORK PLAN NARRATIVE SECTION**

APPENDIX

In order to be considered a qualified applicant, organizations or agencies seeking to contract with the York County Area Agency on Aging, Inc. (AAA) must submit the following documents compiled in a section labeled Appendix. Only proposals from eligible applicants will be evaluated and rated using the criteria for selection as outlined in Section 6.

1. Certificate of Incorporation or other documentation establishing the entity, if applicable.
2. Table of Organization
3. Certificate(s) of Insurance.
4. Personnel Policies including Affirmative Action Plan/EEOC Statement.
5. Standard Observed Holidays
6. IRS non-profit designation, if applicable.
7. PA Bureau of Charitable Organizations Registration, if applicable
8. Copy of current license (if applicable)

APPLICANT CHECKLIST
York County Area Agency on Aging
Request for Proposal (RFP) for Personal Care and Home Support Services
FY 2014/2015

Applicant _____

SUBMISSION REQUIREMENTS	YES	NO	N/A	Waiver Rec'd.
Letter of Intent to Submit a Proposal (Exhibit 1) received by 4:30 pm, 05/28/2014				
Five (5) copies of the application received by 4:00 pm, 06/20/2014				
Application adhered to required format, signed by an official authorized to bind the applicant.				
Proposal contained the following required inclusions:				
A. Application to provide Personal Care and Home Support Services (Exhibit 2)				
B. Applicant's Questionnaire (Exhibit 3)				
C. Applicant's Assurance (Exhibit 4)				
D. Work Plan – Narrative Section (Exhibit 5)				
E. Appendix included the following:				
1. Certificate of Incorporation or other documentation establishing the entity, if applicable				
2. Table of Organization				
3. Certificate(s) of Insurance.				
4. Personnel Policies including Affirmative Action Plan/EEOC Statement.				
5. Standard Observed Holidays				
6. IRS non-profit designation, if applicable.				
7. PA Bureau of Charitable Organizations Registration, if applicable				
8. Copy of current license (if applicable)				
Comments:				